IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC Attorney Docket No.: 117336 P.O. Box 19928 Alexandria, Virginia 22320 Date: September 26, 2003 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 MAIL STOP PATENT APPLICATION Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application For (Title): PAPER FEEDING APPARATUS, IMAGE FORMATION APPARATUS WITH PAPER FEEDING APPARATUS AND STORAGE MEDIUM STORING CONTROL PROGRAM THEREOF Masatoshi YAMADA, Shingo ITO By (Inventors): \boxtimes Formal drawings (Figs. 1-14; 14 sheets) are attached. ☐ Use Figure _ __ for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to BROTHER KOGYO KABUSHIKI KAISHA. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-285337 filed September 30, 2002 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith.

This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A SMALL ENTITY SMALL ENTITY FOR: NO. FILED NO. EXTRA RATE **FEE OR** RATE **FEE** BASIC FEE \$ 375 <u>OR</u> \$ 750 **TOTAL CLAIMS** 18 - 20 *0 \$ 18 OR \$ x INDEP CLAIMS 2 - 3 *0

* If the difference is less than zero, enter "0".

■ MULTIPLE DEPENDENT CLAIMS PRESENTED

42 = \$ х <u>OR</u>

<u>OR</u>

OR

+ 140 =\$ **TOTAL** \$

\$ 84 + 280 \$

TOTAL \$ 750

 \square Check No. 146774 in the amount of \$750 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted.

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